

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042962

FILED
Apr 24, 2008
Secretary of State

Entity Name: SIMPLE RELIEF WELLNESS CENTER LLC

Current Principal Place of Business:

625 NORTH WASHINGTON BLVD.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

5436 FRUITVILLE ROAD
#122
SARASOTA, FL 34232

New Mailing Address:

625 NORTH WASHINGTON BLVD.
SARASOTA, FL 34236

FEI Number: 20-1196405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALEN, JOSEPH S DC
625 NORTH WASHINGTON BLVD
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BALEN, JOSEPH S DC
Address: 625 NORTH WASHINGTON BLVD
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Delete
Name: PATTI, C. STEPHEN MD
Address: 1857 FLOYD STREET SUITE 100
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH S. BALEN

DR.

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date